

*Commonwealth of Massachusetts*

*Department of Fire Services*

# BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. \_\_\_\_\_

Occupancy and Fee Checked \_\_\_\_\_

{Rev. 1/07} (leave blank)

# APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

# TOWN OF LUNENBURG INSPECTOR OF WIRES

Date: \_\_\_\_\_

**James Sharkey: (978) 582-7448      Fax: (978) 582-4148      (Please print in ink or type all information)**

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

**Location (Street & Number)** \_\_\_\_\_

**Owner or Tenant:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Is this permit in conjunction with a building permit?**      Yes ☐      No ☐      (Check Appropriate Box)

Purpose of Building: \_\_\_\_\_ Utility Authorization No. \_\_\_\_\_

**Existing Service:** \_\_\_\_ Amps \_\_\_\_/\_\_\_\_ Volts      **Overhead** ☐      **Underground** ☐      **No. of Meters** \_\_\_\_

**New Service:**           Amps        /        Volts    Overhead ☐    Underground ☐    No. of Meters       

Number of Feeders and Ampacity \_\_\_\_\_

**Location and Nature of Proposed Electrical Work:** \_\_\_\_\_

*Completion of the following table may be waived by the Inspector of Wires.*

No. of Recessed Luminaires	No. of Cell.-Susp. (Paddle) Fans				No. of Transformers	Total KVA
No. of Luminaire Outlets	No. Hot Tubs				Generators	KVA
No. of Luminaires	Swimming Pool– Above Ground <input type="checkbox"/> In-ground <input type="checkbox"/>				No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners				FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners				No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Conditioners – Total tons				No. of Alerting Devices	
No. of Waste Disposers	Heat Pump	Number	Tons	KW	No. of Self-contained Detection / Alerting Devices	
	Totals:					
No. of Dishwashers	Space / Area Heating KW				Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW				Security Systems: * No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs		No. of Ballasts		Data Wiring: No. of Devices or Equivalent	
No. of Hydro-massage Bathtubs	No. of Motors		Total HP		Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:						

OTHER:

*Attach additional detail if desired, or as required by the Inspector of Wires.*

Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy.)

Work to start: \_\_\_\_\_ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

**INSURANCE COVERAGE:** Unless waived by the owner, no permit for the performance of electrical work may issue unless undersigned provides proof of liability insurance including “completed operation” coverage or its substantial equivalent.

The undersigned certifies that such coverage is in force, and has exhibited proof of the same to the permitting office.

CHECK ONE:    INSURANCE ☐    BOND ☐    OTHER ☐ (Specify:)

*I certify, under pains and penalties of perjury, that the information on this application is true and complete.*

FIRM NAME: \_\_\_\_\_ LIC. NO.: \_\_\_\_\_

**Licensee:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **LIC. NO.:** \_\_\_\_\_

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Alt. Tel. No.:** \_\_\_\_\_

\*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: LIC. NO.: \_\_\_\_\_

**OWNER'S INSURANCE WAIVER:** I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am (check one) ☐ Owner ☐ Owner's agent.

**Owner/Agent Signature** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **PERMIT FEE:** \$ \_\_\_\_\_